

2208

ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 467

Registrar's No. 292

1. Place of Death: (a) County Pima (b) City or Town Tucson (c) Location Freight yards & 9th Ave Crossing
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution NONE In Community 26 years In Arizona 28 years
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona (b) County Pima (c) City or Town Tucson
(If outside city limits also write RURAL)

(d) Street No. 336 West 29th St (e) If foreign born, in U. S. A. 28 yrs.

3. (a) FULL NAME Arturo Alegria (b) If veteran name was none (c) Social Security No. Unknown
(If NONE write the word)

4. Sex Male 5. Color or Race Mexican 6. (a) Single, married, widowed Married
6. (b) Name of husband Alena Alegria 6. (c) Age of husband 24 yrs.
or wife (If alive)

7. Birthdate of deceased February Unknown 1914
(Month) (Day) (Year)

8. AGE: Years 28 Months Unk Days Unk If less than one day
hrs. min.

9. Birthplace Tubac, Ariz.
(City, town or county) (State or Country)

10. Usual Occupation Laborer

11. Industry or Business

12. Name Ramon Alegria
13. Birthplace Mexico
(City, town or county) (State or Country)

14. Maiden Name Angelita Corona
15. Birthplace Mexico
(City, town or county) (State or Country)

16. (a) Informant's own signature Angel Alegria
(b) Address 336 West 29th St Tucson, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Holy Hope (c) Date 3-28-42 19

18. (a) Embalmer's Signature H M Parker
(b) Funeral Director Parker Mortuary
(c) Address Tucson, Arizona.

19. (a) 3-28-1942
(Date received local Registrar)
(b) J. N. Howard, M.D.
(Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 27, 1942 19
TIME (Hour and minute) 12.45 AM. M.

21. I hereby certify that I attended the deceased from seen after death 19
that I last saw him alive on March 27, 1942 19
and that death occurred on the date and hour stated above.

Immediate cause of death falling under wheels of R. R. Train

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Major head injuries, both legs amputated below knees
Of autopsy No

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) Accident
(b) Date of occurrence March 27, 1942
(c) Where did injury occur? Freight Yards & 9th Ave. Xing
(City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place
(Specify type of place)

While at work? No (e) Means of injury Major head injuries
23. Signature B. N. Gardner Coroner M.D.
Address Tucson, Arizona Date signed 3-28-1942